

TENNESSEE SUICIDE PREVENTION STRATEGIES





The Preamble to the Tennessee Strategy for Suicide Prevention

1. Suicide prevention must recognize and affirm the value, dignity, and importance of each person.
2. Suicide is not solely the result of illness or inner conditions. The feelings of hopelessness that contribute to suicide can stem from societal conditions and attitudes. Therefore, everyone concerned with suicide prevention shares a responsibility to help change attitudes and eliminate the conditions of oppression, racism, homophobia, discrimination, and prejudice.
3. Suicide prevention strategies must address diverse populations that are disproportionately affected by societal conditions and some populations are at greater risk for suicide.
4. Individuals, communities, organizations, and leaders at all levels should collaborate in the promotion of suicide prevention.
5. The success of this strategy ultimately rests with the individuals and communities across the State of Tennessee.

Tennessee Strategy for Suicide Prevention

The strategy for suicide prevention in Tennessee builds upon the fifteen points raised in “The Surgeon General’s Call to Action to Prevent Suicide 1999” published by The Department of Health and Human Services, United States Public Health Service, Washington, D. C., 1999. Following each of the fifteen points is our response.

- 1** *Promote public awareness that suicide is a public health problem and, as such, many suicides are preventable. Use information technology appropriately to make facts about suicide and its risk factors and prevention approaches available to the public and to health care providers.*

Tennessee Response:

- A. Utilize 1 (888) SUICIDE as a statewide suicide hotline.
- B. Secure the cooperation of radio and television stations, newspapers, and billboard companies to provide space for public service announcements of suicide prevention and crisis intervention services.
- C. Enlist the cooperation of ministerial alliances to publicize suicide prevention services in their bulletins.
- D. Develop a Suicide Prevention site on the Internet to aid in communication with the people of Tennessee.

- 2** *Expand awareness of and enhance resources in communities for suicide prevention programs and mental and substance abuse disorders assessment and treatment.*

Tennessee Response:

- A. Create a Tennessee Suicide Prevention Resource Directory with coordinators in each of the seven regions of the state.
- B. Encourage and support additional meetings of Suicide Anonymous and Survivors of Suicide throughout the state.

- 3** *Develop and implement strategies to reduce the stigma associated with mental illness, substance abuse and suicidal behaviors, and with seeking help for such problems.*

Tennessee Response

- A. Recruit suicide attempters and survivors of suicide to make public service announcements on television and radio.
- B. Develop Suicide Education Teams composed of survivors, attempters, and professionals in each of the seven regions of the state to speak to groups of professionals who come into contact with at risk individuals, for example, members of the legal profession, clergy, teachers, Employee Assistance Program staff members, health care workers, correctional workers, and police.



Extend collaboration with and among public and private sectors to complete a National Strategy for Suicide Prevention.

Tennessee Response:

- A. The Governor of Tennessee or his designee shall appoint a Suicide Prevention Advisory Council (S.P.A.C.) to coordinate funding and implementation of the Tennessee Suicide Prevention Strategy. This Council would include survivors, attempters, private health care professionals, clergy, teachers, correctional workers, nursing home workers, and day care workers. Workshops in the year 2000 will be conducted as a follow-up to the Tennessee Suicide Prevention Conference held in Nashville on October 8, 1999. Participants in these regional workshops would include mental health consumers and representatives from the Health Department, clergy, public and private schools, playground directors, local health care providers, crisis centers, and the Crisis Intervention Team of the Memphis Police Department (which serves as a national model).
- B. Conduct a Follow-up Statewide Conference in the year 2000.



Improve the ability of primary care providers to recognize and treat depression, substance abuse, and other major mental illnesses associated with suicide risk. Increase the referrals to specialty care when appropriate.

Tennessee Response:

- A. Recruit a member of each primary care provider group to present on the above topics. We find that many professionals are more likely to listen to members of their own field.
- B. Identify and develop a statewide suicide screening assessment tool for primary care providers and distribute them statewide.

- C. Encourage these presenters to attend the American Association of Suicidology Annual Conference on these topics.
- D. Inform these professional groups of available scholarships.

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Eliminate barriers in public and private insurance programs for provision of quality mental and substance abuse disorder treatments and create incentives to treat patients with co-existing mental and substance abuse disorders.

Tennessee Response:

- A. Provide maximum support, through the proposed Suicide Prevention Advisory Council, to such organizations as the Alliance for the Mentally Ill, The Tennessee Mental Health Association, The Tennessee Medical, Psychological and Nursing Associations, and The Jason Foundation, to educate and encourage legislators to eliminate mental health barriers in public and private insurance programs.

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Institute training for all health, mental health, substance abuse and human service professionals (including primary care physicians, clergy, teachers, correctional workers, social workers, insurance workers, and families) concerning suicide risk assessment and recognition, treatment, management, and aftercare interventions.

Tennessee Response:

- A. Encourage individual workers to participate in the American Association of Suicidology Crisis Worker Certification Process.
- B. Include Crisis Intervention and Suicide Prevention training in the current week-long training for teachers in the school systems.
- C. Include an optional course on Suicide Prevention in continuing education courses for renewal of licenses in professional groups.
- D. Include focused education in Suicide Risk Management and Prevention at the Regional Workshops and State Conference in the year 2000.

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Develop and implement effective training programs for family members of individuals at risk and for natural community helpers on how to recognize, respond to, and refer people showing signs of suicide risk and associated mental and substance abuse disorders. Natural community helpers are people such as educators, coaches, hairdressers, and faith leaders, among others.

Tennessee Response:

- A. Invite the American Association of Suicidology to offer a special training course in Tennessee during the State Conference in the year 2000.
- B. Encourage crisis centers, churches, community counseling centers, and natural community helpers throughout the state to develop and implement effective training programs for family members of those at risk.

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Develop and implement safe and effective programs in educational settings for youth that address adolescent distress, provide crisis intervention, and incorporate peer support for individuals seeking help.

Tennessee Response:

- A. Include lists of existing educational programs for young people, like the Jason Foundation, mental health centers, crisis centers, and other youth organizations on the Internet and in the Tennessee Suicide Prevention Resource Directory.

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Enhance community care resources by increasing the use of schools and workplaces as access and referral points for mental and physical health services and substance abuse treatment programs, and also provide support for persons who survive the suicide of someone close to them.

Tennessee Response:

- A. Work with teachers in public and private schools (as previously indicated in points three and four) and with others who work with children.

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Promote a public/private collaboration with the media to assure that entertainment and news coverage represent balanced and informed portrayals of suicide and its associated risk factors, including mental illness and substance abuse disorders and approaches to prevention and treatment.

Tennessee Response:

- A. Conduct a statewide workshop and distribute educational materials to educate media personnel in the “American Association of Suicidology/CDC Media Guidelines.”

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Enhance research to understand risk and protective factors related to suicide, their interaction, and their effects on suicide and suicidal behaviors. Additionally, increase research on effective suicide prevention programs, clinical treatments for suicidal individuals and culture-specific interventions.

Tennessee Response:

- A. Encourage Tennessee colleges, universities, hospitals, and clinics to intensify research related to suicide, including cultural specific risk factors, interventions, and protective factors, and to present their results at the State Conference in the year 2000.

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Develop additional scientific strategies for evaluating suicide prevention interventions and ensure that evaluation components are included in all suicide prevention programs.

Tennessee Response:

- A. Encourage all Tennessee Suicide Prevention programs to publish accurate evaluations of their work.

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Establish mechanisms for federal, regional, and state interagency public health collaboration toward improving monitoring systems for suicide and suicidal behaviors and develop and promote standard terminology in these systems.

Tennessee Response:

- A. Adopt the American Association of Suicidology/Center for Disease Control Standard Nomenclature for reporting suicide statistics in our state.
- B. Begin anonymous reporting of statistics on all suicide attempts in Tennessee.

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Encourage the development and evaluation of new prevention technologies, including firearm safety measures, to reduce easy access to lethal means of suicide.

Tennessee Response:

The Expert Panel concluded that the primary focus of adult suicide prevention should be on psychological, spiritual, and sociological factors. We encourage keeping firearms and other lethal weapons out of the hands of children.

Tennessee Suicide Prevention Strategy Expert Panel

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